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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
《新文学》的《大学》,为于全国的《大学》的《大学》	ACCIDENT STATEMENT
Date Of Report	01/04/2020 14:45
Date Of Accident	01/04/2020 09:20
Exact Location Of Accident	UPP BT TIMAH RD AT THE BUS STOP INFRT HILION MALL
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC7860E
Insured/Policyholder	
Name Of Registered Owner	QUA CHOON LING YVONNE
NRIC No	SXXXX854H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97684412
Alternative Phone No	OFFICE-97684412
Vehicle Particulars	
Manufacturer	SUZUKI
Model	S-CROSS 1.6 GLX 2WD CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109359814
Cover Note Number	
Driver	
Name of Driver	OEN BENG KWEE JEROME
NRIC No	SXXXX692H
Date Of Birth	28/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98484849
Fax Number	
Contact Number	

NOEMAIL

Address BLK 518 JELAPANG RD #10-265

Postcode 670518

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200401/2022.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC2179K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

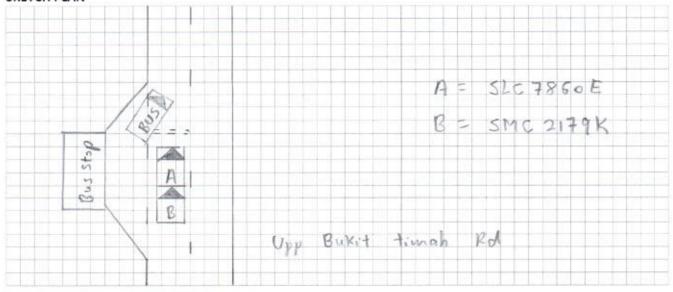
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 110-				
Refer	+•	Police	Report	T/20200401/2022
		1		

DECLARATION

I/We declare the foregoing particulars are true in eyery respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

JErome

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3

Report No. T/20200401/2022

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2020 10:35	Vide Report No.:	Station Diary No.: 30

01/04/20	20 10.55			
Informa	nt's Partic	ulars		
	Informant: NG KWEE		Address: APT BLK 518 JELAPA 670518	NG ROAD #10-265 SINGAPORE
	/ ID No.: D / S68316	92H	Contact No.: Home/Office:	Mobile: 98484849
National SINGAP	ity: ORE CITIZ	ΈN	Email:	
Sex: Male	Age: 51	Date of Birth: 28/09/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
	ion: itioning/Re ring technic		Driving Licence Inform Class: 3	ation: Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/04/2020 09:20	Type of Location: Straight Road
UPPER BUK DUNEARN R	Traveling Toward Roa T TIMAH ROAD OAD R BT TIMAH ROAD at		f Hillion Mall.	
Weather: Clear		Road Surface: Dry	F	Road Speed Limit: 60 Km/h
Traffic Flow:				raffic Volume:
		Traffic Light - Wo	rking	ight

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLC7860E	Car	SUZUKI	X- Cross	White	No Damage	0
SMC2179K	Car	VOLKSWAGO N	Touran	White		0

Details of V	ehicle Insurance			CONTRACTOR
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC7860E	NTUC Income Insurance Co-Operative Limited			





2 of 3

Report No. T/20200401/2022

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Perso			A THE PARTY				
Any Pedestrian In	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA	
Driver							
Name	OEN BENG KWEE	JEROME		ID No		S6831692H	
Related Vehicle	SLC7860E (Car)	- 161		Conta	ct No.	98484849	
Hospital/Clinic	NIL			Class Drivin Licent Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL		

Brief Details.

On 01.04.2020 I was driving my car registration number SLC 7860E, a silver colour Suzuki along Upper Bt Timah Road. I had stopped my car on lane 2 at the bus stop in front of Hillion Mall as there is a bus turning out from the bus lane. Once I stopped my car, I felt a slight bang from the rear of my vehicle. I looked through my rear view mirror and saw a white car behind my vehicle. The car then overtook my car from the right and turn into Petir Road. I manage to follow it and it stopped awhile at the traffic junction in front of Bt Panjang LRT. I manage to take a picture of the car plate number which is SMC 2179K, a white Volkswagon. After the traffic light turn green, the car made a u turn and entered Mayfair Condo. I made a check on my car at the nearby petrol kiosk and discover that my car left rear mud guard came off.

This is the first time such incident happen. I manage to see the driver of the car who is a male Chinese. I did not suffer any injuries and did not need any medical assistance. JERANE





3 of 3 Report No. T/20200401/2022

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

Signature Of Officer Recordi J / SI QODLIZAKA BIN ALI	ng The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 01/04/2020 10:35
Officer In Charge Of Case: TP / HRT /		Classification Of Case:
SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE	
Authentication Stamp		7

SIGNATURE

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			NAME OF THE OWNER OF THE OWNER, OR THE OWNER, OR THE OWNER, OWNER		AND DESIGNATION OF THE PERSON NAMED IN COLUMN 1	· Chang	e Languag	e • Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									- 6
Notice of Loss	Policy N	Vo.				Date	of Accident		01/04/2020	14:37	
	Vehicle	No.(For Motor)	SLC78	60E		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109359814		QUA CHOON LING YVONNE	S1763854H	GPC	drivo CLASSIC	SLC7860E	SLC7860E	26/05/2019	25/05/2020
						Continue	Ī				

4/1/2020 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1090343 SLC7860E GST Registration No. Policy No. 5109359814 Vehicle No. Certificate No. DUA CHOON LING YVONNE Policyholder NRIC 51763854H Policyholder Name Product Code PRIVATE CAR INSURANCE Cover Type dhyo CLASSIC Loading Contact No.(Home) Contact No.(Mobile) 97684412 Contact No.(Office) Special Remark eCode No * Email Address a No Yes eCode Reason KFK . No Yes TCA NCD Entitlement(%) Private Hire No NCD Protection ▼ Accident Details Accident Report Within 24 hrs Accident Type Collision - Head to Rear Report Date 01/04/2020 15:05 Time of Accident hhomm Country of Accident Singapore Date of Accident 01/04/2020 09:20 Reporting Centre Orange Force ICM No. UPP BT TIMAH RD AT THE BUS STOP INFRT HILION MALL Accident Location ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 100,00 OD Standard Excess TP Standard Excess 0,00 600.00 Driver is Covered? VIED TP Excess Covered VIED OD Excess 0.00 0.00 0 Total OD Excess Applicable Total TP Excess Applicable 0.00 600.00 ♥ Benefits Sum Insured Coverage 99999999,99 Transport Allowance GST Registration Date GST Registered GST Registration No. GST Status Verified Modification History ♥ Policyholder Mailing Address Address 1 BLK 518 #10-265 Address 2 JELAPANG ROAD Address 3 SINGAPORE 670518 670518 Address 4 Address Type Singapore address Related Policy Number Unit No. 5109359814 Driver Name Cen Beng Kwee **Oriver Type** Named Driver Unnamed driver Name Driver NRIC 56831692H Driver DOG 28/09/1968 Driving Experience Driver Age Register Date of Driver License 51 13/02/2003 Contact No.(Mobile) 98484849 Contact No.(Office) Contact No.(Home) Address 2 JELAPANG ROAD Address 3 SINGAPORE 670518 Address 1 BLK 518 #10-265 Address 4 Address Type Singapore address Post Code 670518 Unit Na. 10-265 Does he own a Singapore Registered car? Driver Insurer Company Yes * No Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? Yes W No Any injury? Modification History Claim 001 New OD-MX Tinsured QUA CHOON LING YVONNE S17631 Claim Type * Contact No. (Home) Contact No. (Office) 98484849 Contact No.(Mobile) 68924266 Email Address SLC7860E SHC21 Name of Preferrer Worksho (o Claim Description SLC7860E / SMC2179K ON 1 Apr 2020 Preferred

Workshop 0 Dete Registered Report Taken By	Preference Repair Option	Preferred Workshop, Name unknown	Teport Received		01/04/2020 15:10 LIEW SHAN HUI	0	Disse Date	The state of the s			Date Received	01/04/
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Accident No. Last Doc. Received Choose File No file chosen Choose File No file chosen		Path *		Clear	01/04/2020 15:11 Category * Please Select Please Select	*	NO NO	•	Normal Normal	•		Desc
Accident No. Last Doc. Received Choose File No file chosen Choose File No file chosen		Path *		Clear	01/04/2020 15:11 Category * Please Select Please Select Please Select	•	NO NO	•	Normal Normal Normal	•		Desci



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Video List	UI Apr 2	VEV 13:1V				0.1914W036336V4X47V	
-	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10		Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10		Photos		Normal	Photos 2020-4-1	
3	NAC_PAYA_UBI_BODGO1(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10		Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10		Photos		Normal	Photos 2020-4-1	
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